LOCAL BANKRUPTCY FORM NO. 6

IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE:		:	BANKRUPTCY CASE NO. 23-10503-JCM
	Brandon E. Skelton AND Gabrielle M. Church, Debtors	: : :	CHAPTER 13
		:	Document No. 34
	AME	ENDMENT	COVER SHEET
Amend	Iment(s) to the following petition, lis	st(s), sche	dule(s), or statement(s) are transmitted herewith:
	Voluntary Petition - Specify reason f	or amend	ment:
	Official Form 6 Schedules Summary of Schedules Schedule A - Real Property Schedule B - Personal Property Schedule C - Property Claimed as E Schedule D - Creditors holding Secused Claims Check one: Creditor(s) added NO creditor(s) added	Exempt ured Clain	
	Creditor(s) deleted Schedule E - Creditors Holding Uns Priority Claims Check one: Creditor(s) added NO creditor(s) adde Creditor(s) deleted Schedule F - Creditors Holding Uns	ed	
	Nonpriority Claims Check one: Creditor(s) added NO creditor(s) adde Creditor(s) deleted Schedule G - Executory Contracts a	ed	
	Unexpired Leases Check one: Creditor(s) added NO creditor(s) addee Creditor(s) deleted Schedule H - Codebtors		

Case 23-10503-JCM Doc 34 Filed 03/13/24 Entered 03/13/24 16:05:41 Desc Main Document Page 2 of 6

X	Schedule I - Current Income of Individual Debtor(s)				
X	Schedule J - Current Expenditures of Individual Debtor(s)				
	Statement of Financial Affairs Chapter 7 Individual Debtor's Statement of Intention Chapter 11 List of Equity Security Holders				
Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims Disclosure of Compensation of Attorney for Debtor Other:					
	Respectfully submitted,				
Date: <u> </u>	March 13, 2024 /s/ Daniel P. Foster Daniel P. Foster, Esquire PA I.D. # 92376				

PA I.D. # 92376 Foster Law Offices 1210 Park Avenue Meadville, PA 16355 Tel: 814.724.1165

Fax: 814.724.1165

Email: dan@mrdebtbuster.com

Attorney for Debtors

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this informa	ation to identify your case:	
Debtor 1	Brandon E. Skelton	_
Debtor 2 (Spouse, if filing)	Gabrielle M. Church	_
United States Ba	ankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number	23-10503	Check if this is:
(If known)		An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed,

Fill in your information	employment ı.		Debtor 1	Debtor 2 or non-filling spouse
,	more than one job,	Employment status	■ Employed	■ Employed
	earate page with about additional	Employment status	☐ Not employed	☐ Not employed
employers.		Occupation	Independent Contractor	Student
Include part self-employ	-time, seasonal, or ed work.	Employer's name	Centene Management Company	
•	may include student ker, if it applies.	Employer's address	1301 Clay Street Oakland, CA 94612	
		How long employed to	here? Employment contract	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse 8,000.00 0.00 +\$ 0.00 0.00 8,000.00 \$ 0.00

Schedule I: Your Income Official Form 106I page 1

	tor 1 tor 2	Brandon E. Skelton Gabrielle M. Church	_		Cas	e number (<i>if kr</i>	nown)	23-1	0503			
	Con	by line 4 here	4.		Fo	or Debtor 1	200		Debtor	spouse		
	Cop	y line 4 nere	4.	•	Φ_	8,000).00	Φ_		0.00	-	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	2,940	0.00	\$		0.00		
	5b.	Mandatory contributions for retirement plans	51	b.	\$		0.00	\$		0.00	_	
	5c.	Voluntary contributions for retirement plans	50	c.	\$	(0.00	\$		0.00	_	
	5d.	Required repayments of retirement fund loans	50	d.	\$	(0.00	\$		0.00	_	
	5e.	Insurance	_	e.	\$	(0.00	\$		0.00		
	5f.	Domestic support obligations	5 f	f.	\$_	(0.00	\$_		0.00	_	
	5g.	Union dues		g.	\$_		0.00	\$_		0.00	_	
	5h.	Other deductions. Specify:	_ 51	h.+	\$_	(0.00	+ \$_		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,940	0.00	\$_		0.00	_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,060	0.00	\$_		0.00	_	
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	86	a. b. c. d. e.	\$_ \$_ \$_	(0.00 0.00 0.00 0.00 0.00	\$ _ \$ _ \$ _ \$ _		0.00 0.00 0.00 0.00 0.00	-	
	8g.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Unemplyment Compensation Pension or retirement income	81 8(g.	\$_ \$_		0.00	\$_ \$_		0.00	_	
	8h.	Other monthly income. Specify:	_ 81	h.+	\$_		0.00	+ \$_		0.00	_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$_	2,340	0.00	\$_		0.0	0	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		7,400.00	+ \$		0.00	= \$	7,400	.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep							e <i>J.</i> +\$	0	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$	7,400	.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							Combi	ned ly incon	ne
		Yes. Explain: Debtor aggressively searching for replacement e	emp	lyn	nen	t post 10/3	31/23	3				

Official Form 106l Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:					
Deb	otor 1	Brandon E. S	Skelton			Che	ck if this is: An amended filing	
Deh	otor 2	Cabriella M	Church				ū	wing postpetition chapter
	ouse, if filing)	Gabrielle M.	Church				13 expenses as of	
		uptcy Court for the	: WESTE	RN DISTRICT OF PENNS	SYLVANIA		MM / DD / YYYY	
000	anumbar 00	40502						
	se number 23 (nown)	3-10503						
(
0	fficial Fo	rm 106J						
S	chedule	J: Your l	 Exner	292				12/1
Be info nur	as complete a ormation. If m mber (if know	and accurate as	s possible. eded, atta ry question	If two married people ar ch another sheet to this				or supplying correct
Par 1.	Is this a join		noiu					
	☐ No. Go to							
	Yes. Doe	s Debtor 2 live i	in a separa	ate household?				
	■ No		•					
		•	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No
								☐ Yes ☐ No
								□ No □ Yes
3.	Do your exp	enses include	_	No				□ 162
	•	f people other the	han 🖂	Yes				
	yourself and	d your depende	nts?	103				
exp	timate your ex	ate Your Ongoing the Your Ongoing the See as of your old the See after t	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follower that are using this follower that the second	orm as a s J, check t	upplement in a Cha he box at the top o	apter 13 case to report of the form and fill in the
Inc	lude expense	s paid for with r	non-cash	government assistance i	f vou know			
the	value of such	n assistance and		luded it on Schedule I: \			V	
(Of	ficial Form 10	61.)					Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4.	\$	0.00
	If not includ	led in line 4:	-					
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
		•		ıpkeep expenses		4c.	\$	350.00
_		owner's associat				4d.	·	0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

6. Walter, sewer, garbage collection 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Sephone, cell phone, internet, satellite, and cable services 6c. Sephone, cell phone, internet, satellite, and cable services 6c. Sephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Sephone, cell phone, internet, satellite, and cable services 7c. Food and housekeeping supplies 7c. Food and denet sephone 7c. Food and and denet separate 8c. Food and separate 8c. Food	Debtor 1 Debtor 2			n E. Skelton le M. Church	Case nu	ımber (if known)	23-10503
86. Water, sewer, garbage collection 6c. Telephone, cell phone, literate, statellite, and cable services 6c. \$ 250.00 6d. Other, Specify. 6d. \$ 0.00 7. \$ 650.00 8. Childcare and children's education costs 7. \$ 650.00 8. Childcare and children's education costs 9. \$ 185.00 9. Clothing, laundry, and dry cleaning 9. \$ 185.00 9. Personal care products and services 10. \$ 250.00 10. Personal care products and services 11. \$ 300.00 10. Personal care products and services 11. \$ 300.00 11. Transportation, include gas, maintenance, bus or train fare. 12. \$ 560.00 13. Eletratainment, clubs, recreation, newspapers, magazines, and books 13. \$ 220.00 14. Charitable contributions and religious donations 14. \$ 60.00 15. Insurance 15. Insurance 15. \$ 80.00 15. Life insurance 15. \$ 80.00 15. Life insurance 15. \$ 80.00 15. Vehicle insurance deducted from your pay or included in lines 4 or 20. 153. Life insurance 154. \$ 220.00 155. Vehicle insurance 155. \$ 80.00 156. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 156. The properties of the property of the properties of the property of the property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeower's or enter's insurance 20c. \$ 0.00 20c. Property, homeower's or enter's insurance 20c. \$ 0.00 20c. Property, homeower's or enter's insurance 20c. \$ 0.00 20c. Property, homeower's or enter's insurance 20c. \$ 0.00 20c. Homeower's association or condominum d	6.	Utilit	ies:				
6c. Telephone, cell phone, laternet, satellite, and cable services 6d. d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 650.00 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 155.00 10. Personal care products and services 10. \$ 250.00 11. Medical and dental expenses 11. \$ 300.00 12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. Do not include car payments. Do not include car payments and religious donations 14. \$ 560.00 15. Hentralinment, clubs, recreation, newspapers, magazines, and books 13. \$ 220.00 15. Increasing an an an analysis of the services 15. Health insurance 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify 15d. Other insurance. Specify 17d. Car payments for Vehicle 2 17d. Car payments for Vehicle 2 17d. Car payments for Vehicle 2 17d. Other. Specify: 17d. Other. Specif		6a.	Electricity	v, heat, natural gas	6	a. \$	600.00
6 d. Other, Specify: 7 Food and housekeeping supplies 8		6b.	Water, se	ewer, garbage collection	6	o. \$	280.00
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11. Medical and dental expenses 11. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	9.	Cloth	hing, laund	dry, and dry cleaning	9	9. \$	185.00
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